

CONFERENCE INFORMATION REPORT

CIVIL ACTION NO. _____

JURY TRIAL _____ **NON-JURY TRIAL** _____ **ARBITRATION** _____

SERVICE OF PROCESS MADE _____ (**Date**)

SHORT CAPTION:

TRIAL COUNSEL _____

REPRESENTING _____

LAW FIRM _____

ADDRESS _____

TELEPHONE & FAX _____

DISCOVERY COMPLETED _____ **IF NOT, WHEN?** _____ (**Date**)

Yes

PROTRACTED DISCOVERY REQUIRED? _____

Yes/No

IF YES, DESCRIBE PROPOSED DISCOVERY SEGMENTS BY SUBJECT MATTER OR PARTIES AND SUGGEST DATES FOR SEGMENTS:

OTHER PRETRIAL MATTERS:

SETTLEMENT CONFERENCE REQUESTED? _____

TRIAL TIME: TIME TO PRESENT YOUR CASE _____
TIME FOR ENTIRE TRIAL _____

OTHER COMMENTS:

DATE: _____

SIGNATURE OF COUNSEL _____

TYPE OR PRINT NAME _____

**This form should be faxed to Chambers at 267.299.5078 or mailed or hand delivered to Chambers, Room 4001, U.S. Courthouse, 601 Market Street, Philadelphia, PA 19106-1741.
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